

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

097068238

FILING DATE

MAY 06 1998

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		3		1			54						
5		3		1			55						
6		3		1			56						
7		3		1			57						
8		3		1			58						
9		3		1			59						
10		3		1			60						
11		3		1			61						
12		3		1			62						
13		3		1			63						
14		3		1			64						
15		3		1			65						
16	1		1				66						
17		1		1			67						
18	1		1				68						
19		1		1			69						
20		1		1			70						
21		3		1			71						
22		3		1			72						
23	1		1				73						
24		1		1			74						
25		2		1			75						
26		1		1			76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	4	1				TOTAL IND.						
TOTAL DEP.		23					TOTAL DEP.						
TOTAL CLAIMS		27					TOTAL CLAIMS						